

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038798

FILED
Jan 12, 2009
Secretary of State

Entity Name: AMERICAN OIL & SUPPLY COMPANY, LLC

Current Principal Place of Business:

4445 NORTH A1A
SUITE 247
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7928
SHREWBURY, NJ 07702

New Mailing Address:

FEI Number: 90-0123816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN OIL & SUPPLY INTERNATIONAL LLC
4445 NORTH A1A
SUITE 247
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AMERICAN OIL SUPPLY, INTERNATIONAL, L.L.C.
Address: 4445 NORTH A1A, SUITE 247
City-St-Zip: VERO BEACH, FL 32963

Title: MGR () Delete
Name: ZIEMSKI, STANLEY J
Address: 610 SABLE OAK DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: PRES () Delete
Name: DECKER, CHARLES P
Address: P.O. BOX 7928
City-St-Zip: SHREWSBURY, NJ 07702

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHARLES P. DECKER

PRES

01/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date